Case 1:06-cv-00044-WHA-SRW Document 6	Filed 01/26/2006 Page 1 of 1
Case 1:06-0 SENDER: COMPLETE THIS SECTION MENT 6	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Sheriff Greg Ward Geneva County Jail PO Box 115	
Geneva, AL 36340	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0390 0000 5269 0789

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540